

APR 25 2007

PTO/SB/21 (09-05)

Approved for use through 03/31/2007. OMB 0851-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/828,661

Filing Date

04-21-2004

First Named Inventor

Raymond Mcclanahan

Art Unit

3772

Examiner Name

Lewis, Kim

Attorney Docket Number

014-304-1 (MCL-2.001.US)

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):

Remarks

THIS SUBMISSION IS BEING SENT VIA CENTRAL FAX NO. 1-571-273-8300

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

GANZ LAW, P.C.

Signature

Printed name

Bradley M. Ganz

Date

4/25/07

Reg. No.

34,170

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4-25-07

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PTO/SB/61 (01-06)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/828,661
Filing Date	04-21-2004
First Named Inventor	Raymond McCannahan
Title	Orthotic foot care & platform method & apparatus
Art Unit	3772
Examiner Name	Kim Lewis
Attorney Docket Number	MCL-2001-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mark E. Kelch</i>	Date	4/23/07
Name	Mark E. Kelch	Telephone	
Title and Company	N/A		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/828,681
Filing Date	04-21-2004
First Named Inventor	Raymond McGlashan
Title	Orthotic foot care & platform method & apparatus
Art Unit	3772
Examiner Name	Kim Lawis
Attorney Docket Number	MCL-2.001.US

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Raymond A. McGlashan</i>	Date	4/24/07
Name	Raymond A. McGlashan	Telephone	
Title and Company	N/A		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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